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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

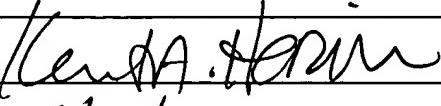
Total Number of Pages in This Submission **9**

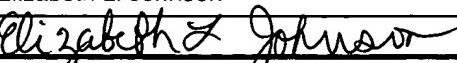
|                        |                |
|------------------------|----------------|
| Application Number     | 09/424,052     |
| Application Date       | May 27, 1998   |
| First Named Inventor   | Nelson         |
| Group Art Unit         | 5611           |
| Examiner Name          | To Be Assigned |
| Attorney Docket Number | 4532670/20620  |

**ENCLOSURES (check all that apply)**

|  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                                 | <input type="checkbox"/> Assignment Papers<br>(for an Application)   | <input type="checkbox"/> After Allowance Communication<br>to Group                            |
| <input checked="" type="checkbox"/> Fee Attached   | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> Appeal Communication to Board<br>of Appeals and Interferences        |
| <input type="checkbox"/> Amendment / Response  | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input checked="" type="checkbox"/> Petition Routing Slip (PTO/SB/61)<br>and Accompanying Petition   | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                                       | <input type="checkbox"/> Petition to Convert to a<br>Provisional Application   | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                                       | <input checked="" type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence<br>Address   | <input checked="" type="checkbox"/> Additional Enclosure(s)<br>(please identify below):       |
| <input type="checkbox"/> Express Abandonment Request                                     | <input type="checkbox"/> Terminal Disclaimer   | <input type="checkbox"/> postcard   |
| <input type="checkbox"/> Information Disclosure Statement                                | <input type="checkbox"/> Small Entity Statement  |   |
| <input type="checkbox"/> Certified Copy of Priority<br>Document(s)                       | <input type="checkbox"/> Request for Refund  |   |
| <input checked="" type="checkbox"/> Response to Missing Parts/<br>Incomplete Application | Remarks  |   |
| <input checked="" type="checkbox"/> Response to Missing<br>Parts under 37 CFR<br>1.495   | Deposit Account Authorization: In the event no specific fee<br>has been authorized above or if a check is detached or<br>misplaced, the Commissioner is authorized to charge the<br>TOTAL DUE to our deposit account No. 12-2250. Any<br>adjustment in the TOTAL DUE should be made to our<br>deposit account No. 12-2250. |   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|                               |   |
|-------------------------------|---|
| Firm<br>or<br>Individual name | Kent A. Herink, Esq., Davis, Brown, Koehn, Shors & Roberts, P.C.                    |
| Signature                     |  |
| Date                          | 5/12/2000   |

**CERTIFICATE OF MAILING**I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date **May 12, 2000**Typed or printed name **Elizabeth L. Johnson**Signature  Date **5-12-00**

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# FEE TRANSMITTAL

## for FY 1999

*Patent fees are subject to annual revision.**Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.*

TOTAL AMOUNT OF PAYMENT (\$ 500.00)

*Complete if Known*

|                      |                |
|----------------------|----------------|
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| First Named Inventor | Nelson         |
| Examiner Name        | To Be Assigned |
| Group / Art Unit     | 5611           |
| Attorney Docket No.  | 4532670/20620  |

## METHOD OF PAYMENT (check one)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 12-2250  
 Deposit Account Name Davis, Brown Law Firm

- Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

2.  Payment Enclosed:

Check  Money Order  Other

## FEE CALCULATION

## 1. BASIC FILING FEE

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description        | Fee Paid |
|----------------------------|----------------------------|------------------------|----------|
| 101 760                    | 201 380                    | Utility filing fee     |          |
| 106 310                    | 206 155                    | Design filing fee      |          |
| 107 480                    | 207 240                    | Plant filing fee       |          |
| 108 760                    | 208 380                    | Reissue filing fee     |          |
| 114 150                    | 214 75                     | Provisional filing fee |          |

SUBTOTAL (1) (\$)

## 2. EXTRA CLAIM FEES

| Total Claims       | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|----------|
|                    | -20**        | =              |          |
| Independent Claims | - 3**        | =              |          |
| Multiple Dependent |              | 260            | 260      |

\*or number previously paid, if greater; For Reissues, see below

## Large Entity Small Entity

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description  |
|----------------------------|----------------------------|--|
| 103 18                     | 203 9                      | Claims in excess of 20                                     |
| 102 78                     | 202 39                     | Independent claims in excess of 3                          |
| 104 260                    | 204 130                    | Multiple dependent claim, if not paid                      |
| 109 78                     | 209 39                     | ** Reissue independent claims over original patent         |
| 110 18                     | 210 9                      | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$ 260.00)

## 3. ADDITIONAL FEES

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description  | Fee Paid |
|----------------------------|----------------------------|--|----------|
| 105 130                    | 205 65                     | Surcharge - late filing fee or oath  | 130.00   |
| 127 50                     | 227 25                     | Surcharge - late provisional filing fee or cover sheet                     |          |
| 139 130                    | 139 130                    | Non-English specification  |          |
| 147 2,520                  | 147 2,520                  | For filing a request for reexamination                                     |          |
| 112 920*                   | 112 920*                   | Requesting publication of SIR prior to Examiner action                     |          |
| 113 1,840*                 | 113 1,840*                 | Requesting publication of SIR after Examiner action                        |          |
| 115 110                    | 215 55                     | Extension for reply within first month                                     |          |
| 116 380                    | 216 190                    | Extension for reply within second month                                    |          |
| 117 870                    | 217 435                    | Extension for reply within third month                                     |          |
| 118 1,360                  | 218 680                    | Extension for reply within fourth month                                    |          |
| 128 1,850                  | 228 925                    | Extension for reply within fifth month                                     |          |
| 119 300                    | 219 150                    | Notice of Appeal   |          |
| 120 300                    | 220 150                    | Filing a brief in support of an appeal                                     |          |
| 121 260                    | 221 130                    | Request for oral hearing   |          |
| 138 1,510                  | 138 1,510                  | Petition to institute a public use proceeding                              |          |
| 140 110                    | 240 55                     | Petition to revive - unavoidable   | 110.00   |
| 141 1,210                  | 241 605                    | Petition to revive - unintentional   |          |
| 142 1,210                  | 242 605                    | Utility issue fee (or reissue)   |          |
| 143 430                    | 243 215                    | Design issue fee   |          |
| 144 580                    | 244 290                    | Plant issue fee  |          |
| 122 130                    | 122 130                    | Petitions to the Commissioner  |          |
| 123 50                     | 123 50                     | Petitions related to provisional applications                              |          |
| 126 240                    | 126 240                    | Submission of Information Disclosure Stmt                                  |          |
| 581 40                     | 581 40                     | Recording each patent assignment per property (times number of properties) |          |
| 146 760                    | 246 380                    | Filing a submission after final rejection (37 CFR 1.129(a))                |          |
| 149 760                    | 249 380                    | For each additional invention to be examined (37 CFR 1.129(b))             |          |

Other fee (specify) \_\_\_\_\_

Other fee (specify) \_\_\_\_\_

Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 240.00)

## SUBMITTED BY

|                       |                       |   |
|-----------------------|-----------------------|---|
| Typed or Printed Name | Kent A. Herink        | Complete (if applicable)  |
| Signature             | <i>Kent A. Herink</i> | Reg. Number 31,025<br>Date 5/12/00<br>Deposit Account User ID 12-2250 |

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